U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U -	2. Fiscal Year Covered From:
5817	1 / 1 / 69 Through: 12 / 31 / 69
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name CI, FFORD & Flesher	Name Transfer Local #537
·	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 5/3 Stafford C-v	Street 324/5 E/1. + 5+
City Castle Rock	City Denver
State CO ZIP Code + 4 20/04	State ZIP Code + 4 ZC2//
5. Position in labor organization. Local Truske	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

	sions set for at the instructions).	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name KRoger Co.	1200 Shalles of KROGER Common Shell thro wife Employer in HERROS thro PHYROII Stock Porchase Plan	
Trade Name, if any: King Saspers Divisor	thro payfull stock porchase plan	
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street 65 Tejon st		
City Denuer	23,000	
State 20 ZIP Code + 4 80223		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)
the section of penalties in the instructions.)

Signed

Iff It like

On <u>8-70-05</u> Date (303) 660-4845 Telephone Number

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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1. File Number U -	2. Fiscal Year Covered From:
	Through: / /
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Same	Name
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street -	Street
City	City
State ZIP Code + 4	State ZIP Code + 4
5. Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of	
monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name SA Jacoby Inc Densey Division Trade Name, if any:	335, 464855 5/ARCS of SHOWAY Common Stock THRU wifes Employer THRU Phylipil stock purchase plan mthe 19905
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 6900 5. Yosemite St	
city Centeniel	77,700
State ZiP Code + 4 30/12	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed MARTINA	On 8-10-05 303 660-4849
	Date Telephone Number

DISCLAIMER EXAMPLE

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.